

**Montana WIC Program
Release of Information**



Each section must be completed.

I authorize the release of information obtained by the WIC Program for _____
Participant Name

The information is to be released from:

Name of Facility: _____

Address: _____

City, State, Zip _____

The information is to be provided to:

Name of Person/Organization/Facility: _____

Address: _____

City, State, Zip _____

I understand that allowing information to be shared is voluntary. It is not a requirement to be on WIC. The information to be released is from my electronic WIC folder and includes:

- ☐ The entire WIC record (participant folder).
- ☐ Only information related to: _____
- ☐ Only information during the period of time or events from: _____

This information is to be released for a specific purpose only and may not be used by the recipient for any other reason. This information may not be shared with a third party.

I understand that I may revoke this authorization in writing at any time; except for information that may have already been shared. If this authorization has not been revoked, it will terminate at the end of the current certification period.

Participant/Parent/Guardian/Authorized Rep Signature

Date

Standards for eligibility and participation in the WIC Program are the same for everyone regardless of race, color, national origin, age, disability or sex. If you feel you have been discriminated against, write immediately to the USDA Director, Office of Adjudication and Compliance, 1400 Independence Ave. SW, Washington DC 20250-9410 or call (800) 795-3272 or (202) 720-6382. USDA is an equal opportunity provider.